Summary of Template Design Group Session 1 Recommendations

Work Group Goals:

Work Group Goal	**Design Group Recommendation**
Make recommendations for template variations for different employer types, for example, small v. large employers, high turnover v. low turnover, HRA-HDHP/HSA-HDHP	Include variations for national v. Connecticut employers

V-BID Plan Design Guiding Principles:

Guiding Principle	**Design Group Recommendation**
V-BID options allow for mental health parity	Modify "allowed" wording - mental health parity is required
V-BID plan is implemented as part of a consumer-centric approach	Elaborate on this principle to include the consumer group's recommendations for a consumer-centric approach
V-BID plan designs are transparent in how high value providers are defined and identified. High value in this case is defined by both cost and quality measures. ○ The Consortium recognizes the importance of cost, for example, the price of services for specific providers, in defining high value, without overestimating the role of cost in defining value. ○ The Consortium recognizes the importance of quality metrics in defining high value. The quality measures used should be transparent.	○ Modify language so that cost is not only a consideration of price of services, but reflects a more holistic exploration of cost. ○ Definition of high value should also take into consideration accessibility of provider, patient-centeredness, and communication.
Additional principles	Add principle about considering the perspective of employers in terms of cost savings, ROI, and regulatory barriers

V-BID Template:

V-BID Option	**Design Group Recommendation**
Infographic	○ Change wording in examples from "copays" to "cost sharing"

	○ Outcomes based incentive structure requires plan to offer alternative way to receive benefit for those who cannot meet outcomes
Change incentives for specific services for all members targeted by age and gender	○ Modify language to reflect that services should only be offered to those members for which they are evidence-based ○ Align consumer incentives with increasing health plans' ability to attribute patients to PCP based on frequency of visits ○ Include ACA services in recommended services but indicate these are already covered
Discourage use of low value services through consumer disincentives	○ Do not recommend this option as part of minimum recommended plan. May be an additional option for employers to implement with correct guidance and communication to employees ○ Considers that this risks complicating communication materials for employees ○ Remove ED visits as low value service ○ Explore other examples of more basic low value services
Change incentives for specific services by *clinical condition*	○ Add substance use disorders and services (screenings, treatment, follow up) to list of conditions ○ Add pre-conditions such as pre-diabetes and hypertension to list of conditions. These may be difficult to identify via claims but there are ways around this. Recommend integration of electronic medical records in future ○ Remove the example of hydralazine as a preferred drug for coronary artery disease
Change incentives for specific services for participation in disease management program	○ Consider role of provider networks in managing chronic diseases and how they coordinate with health plan activities
Change incentives for *visits to high value providers*	○ Consider removing word "high" and just referring to "value" providers ○ Include patient accessibility, patient-centeredness, and patient engagement as other dimensions to be considered in the definition of high value providers ○ If including tiered network products, emphasize importance of transparency in assigning providers to different tiers
Change incentives for specific services only if member visits high value provider	○ Consider accessibility issues with Blue Groove example. Chronic care management from a specific provider that requires multiple visits may be challenging for patients

Enrollment structure: Should enrollment in plan be voluntary or compulsory?	○ Explain to employers the pros and cons for each option

Other Recommendations:

- Templates must take into account regulatory barriers, especially for the small employer/fully-insured market. As part of SIM, the Consortium may recommend changes to certain regulations to allow for V-BID implementation.
- Templates should present examples of employers who have implemented plans by employer types, e.g. large self-insured employers, national employers, small fully-insured employers, and employers with HSA-eligible HDHPs.
- To gain employer buy-in, recommended plan designs should start simple, especially for small employers. This will also keep employee communications materials simple, which is key to educating employees about their plan.